



**HOUSING AUTHORITY OF THE CITY OF PRICHARD
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
PROJECT-BASED PRE-APPLICATION**

(PLEASE PRINT)

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

(City)

(State)

(Zip Code)

Telephone number (____) _____ Alternate Telephone number (____) _____

2. INFORMATION ABOUT SPOUSE

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

ADULTS _____ Male _____ Female _____ **CHILDREN** _____ Male _____ Female _____

4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY?

Yes No

5. FOR HUD STATISTICAL PURPOSES ONLY

Please identify your race and ethnicity by checking one box in each of the two categories below:

Check One:

- White
- Black/African America
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

Check One:

- Hispanic or Latino
- Not-Hispanic or Latino

6. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:

- Wages _____
- Social Security _____
- Other _____
- SSI _____
- TANF/Welfare _____

7. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher Program.

Date _____ Signature of Head of Household _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

For Office Use Only. Applicants should not write in this section.

OLEANDER PARK

Received by OP staff: _____

Special assistance required by this applicant: _____